## Place label here or print

## PAPER CLIP payment here

## Wisconsin income tax Complete form using BLACK INK



Your	our last name		First name and middle initial				You must fill in your social security number			
If a jo	oint return, spouse's last name		First name and	d middle initial			You must fill i	n spouse's s	social security number	
Home	e address (number and street)									
City o	or post office				State	Zip code		If you	tion fund want \$1 to go to the Election Campaign	
Fili	ng status (check only one box) Single Married filling joint return (even if only one had income) Head of household (with qualifying person). Fill in qualifying person's name.	Tax district Check proper box and fill in name of city, village, or town, and the county in which you lived at the end of 2001.	City Village Town  County of School district Fill in your school district number (s			number (see nage 2	pe page 24)		Fund, check box(es).  You  Your spouse  Checking the box(es) will not change your tax or refund.	
1	Wages, salaries, tips, etc	(see nage 5)		<u> </u>				_   Totali	u.	
	Interest (see page 5)								•	
	` ,									
	Ordinary dividends (from			,					-	
	Capital gain distributions								-	
	Taxable unemployment of	-	-						•	
	Taxable IRA distributions	•			•	, , ,	,			
	Add lines 1 through 6						7			
	IRA deduction (from line 16			,			•			
	Student loan interest ded						•			
10	Add lines 8 and 9						10			
		_					. =		•	
	If your parent (or someon	-	-	-			. 12			
13	Fill in the <b>standard dedu</b> you checked the box on						13			
14	Subtract line 13 from line	e 11. If line 13 is	larger than	line 11, fill in (	)		14			
15	<ul><li>Deduction for exemption</li><li>b Fill in number of depe</li><li>c If you (or your spouse</li></ul>	ndents (do not c	ount yourse	lf or your spou	ise) 🕨	You				
16	Subtract line 15a from line	14. If line 15a is la	arger than lin	e 14, fill in 0. Th	nis is yc	our taxable inc	come 16			
17	Tax. Use amount on line	e 16 to find your t	tax using tat	ole, page 17 .			17			
18	Armed forces member cr	redit (must be statio	ned outside U	.S., see page 9)	1	8				
19	School property tax cred a Rent paid in 2001–heat include			Find credi	it from					
	Rent paid in 2001-heat not inc	cluded		table page		9a	•			
	<b>b</b> Property taxes paid on home in	n 2001		Find creditable page		9b				
20	Working families tax cred (\$19,000 if married filing			,000						
21	Married couple credit. Co						_			
	Add lines 18 through 21.	•					22		_	
	Subtract line 22 from line		-						_	

24	Fill in net tax from line 23	24	
25	Packers football stadium donation (decreases refund or increases amount owed)	25	
26	Sales and use tax due on out-of-state purchases (see page 12)	26	
27	Endangered resources donation (decreases refund or increases amount owed)	27	
28	Add lines 24 through 27	28	
29	Wisconsin income tax withheld. Attach withholding statements below . 29		
30	2001 estimated tax payments and amount applied from 2000 return . 30		
31	Earned income credit (see page 13).  Qualifying Federal children credit . x % = 31		
32	Homestead credit. Attach Schedule H		
33	Add lines 29 through 32	33	
34	If line 33 is more than line 28, subtract line 28 from line 33. This is the AMOUNT YOU OVERPAID	34	
35	Amount of line 34 you want <b>REFUNDED TO YOU</b>	35	
36	Amount of line 34 you want applied to your 2002 estimated tax 36		
37	If line 33 is less than line 28, subtract line 33 from line 28. This is the AMOUNT YOU OWE	37	
38	Underpayment interest. Also include on line 37		
6:	ign below Under penalties of law, I declare that this return and all attachments are true, correct, and complete a	o tho h	est of mv knowledge and belief.
21	<b>1911 19919 11</b> Chaol pondition of law, I decide that the lotarn and an attachmente are that, contest, and complete t	o liie b	
_	ur signature Spouse's signature (if filing jointly, BOTH must signature)		Date
_			
Ma If If		n)	
Ma If If	Spouse's signature (if filing jointly, BOTH must signature triangle in the property of the pro	A F	Date C
Ma If If	Spouse's signature (if filing jointly, BOTH must signature virily our return to:  Wisconsin Department of Revenue  tax due	A F	Date
Ma If If If	Spouse's signature (if filing jointly, BOTH must signature virial your return to:  Wisconsin Department of Revenue  tax due	A F	Date
Maa If If If If	Spouse's signature (if filing jointly, BOTH must signature virily our return to:  Wisconsin Department of Revenue  tax due	A F	Date  Colone in column (B)
Ma If If If If 2	Spouse's signature (if filing jointly, BOTH must signature var signature	A F	Date  Colone in column (B)
Maa If If If If If 2 2 3	Spouse's signature (if filing jointly, BOTH must signature virilly your return to:  Wisconsin Department of Revenue  tax due	A F	Date  Colone in column (B)
Ma If If If If 2 3 4	Spouse's signature (if filing jointly, BOTH must signature virising printly in signature)  For Department Use Only  R M Y T MAN D  Reference of the printle	Emp	Date  Coved  Come in column (B)  (B) YOUR SPOUSE

 $\leftarrow \frac{\textit{STAPLE WITHHOLDING}}{\textit{STATEMENTS HERE}}$ 



more than \$480